

REC'D MAR 13 1939

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH791
1003

4391

Do not use this space.

Registered No. 1084

1. PLACE OF DEATH

- (a) County Registration District No.
- (b) Township Primary Registration District No.
- (c) City St. Louis (d) Street No. BARNES HOSPITAL St.
- (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

- (a) Residence, No. 421 Howard Polk St. 11
4038 West Belle
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE Negro 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF -----

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) February 17, 1904

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
34 11 14

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Porter
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Saint Louis
(STATE OR COUNTRY) Missouri

FATHER 13. NAME Howard Polk, Sr.

14. BIRTHPLACE (CITY OR TOWN) Unavailable
(STATE OR COUNTRY) Mississippi

MOTHER 15. MAIDEN NAME Rebecca Owens

16. BIRTHPLACE (CITY OR TOWN) Natchez
(STATE OR COUNTRY) Mississippi

17. INFORMANT Mrs. Alice McCowan
(ADDRESS) 4038a West Belle Place

18. BURIAL, CREMATION, OR REMOVAL
PLACE St. Peters DATE 2/3/39

19. FUNERAL DIRECTOR (NAME) Charles J. Gates
(ADDRESS) 4107 Finney Avenue

20. FILED FEB 2 1939 J. D. Brudick
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 31, 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan 9, 1939, to Jan 31, 1939
I last saw him alive on Jan 31, 1939. Death is said to have occurred on the date stated above, at 8:15 a.m.
The principal cause of death and related causes of importance were as follows:

Heart disease, rheumatic, with mitral stenosis + insuff. not known
Kardiac decompensation
History suggests that there were numerous pulmonary emboli from time to time
Other contributory causes of importance:
Hemiplegia, rt
Syphilis - no CNS involvement

Date of onset 1932

Name of operation none Date of
What test confirmed diagnosis? Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury 19.....
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? n.o.
If so, specify Edward Maszie, M. D.

(Address) BARNES HOSP.

STATEMENT BY LICENSED EMBALMER

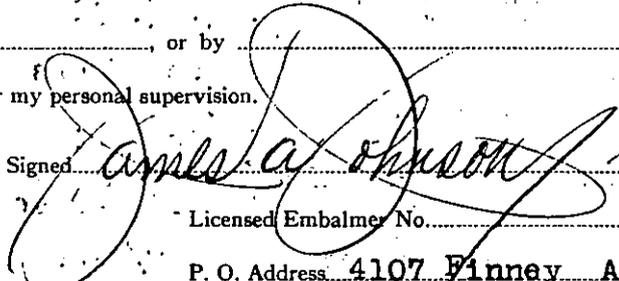
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

James A. Johnson

or by

Registered Apprentice No....., working under my personal supervision.

Signed



Licensed Embalmer No.....

3522

P. O. Address 4107 Finney Avenue

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.